

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
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40	/					
41	/					
42	/					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		101	/		
52	/		102	/		
53	/		103	/		
54	/		104	/		
55	/		105	/		
56	/		106	/		
57	/		107	/		
58	/		108	/		
59	/		109	/		
60						
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			8			
TOTAL DEP.			101			
TOTAL CLAIMS			109			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS